

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

-101.222.3040

Zip  R ATTACHMENT)   These Par Value  Treasurer, Receiver or Trustee			
R ATTACHMENT)			
R ATTACHMENT)			
Zip			
2   2   2	•••••		
216	•		
SITTER PROPERTY SITTER PROPERTY INC.			
FORE USING ATTACHMENTS )	•		
I 2102884			
57			
LAPLAN			
I 2102864			
4			
mplan)			
ORE USING ATTACHMENTS			
<u> </u>			
6. SIC Code			
25 260			
2005	<b>-</b>		
	OZEGO  6. SIC Gode  9290  DRE USING ATTACHMENTS  PLAN  Zip  02864  Zip  02864  Zip  02864  FORE USING ATTACHMENTS		

Print or Type Name of Officer



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPO	DRATION A	NNUAL REPOI	RT FOR THE YEAR		J <u>U4</u>
filing Period: January 1		Illing Fee: \$50.00			
FORM MUST BE TYPED OR P	RINTED IN BLACK)				
. Corporate ID No.	2. Name of Corpor	ation			
66218	"The Eyeg	lass Store, Inc."			
3. Street Address Principal Busine 2. DEXTER S	rs Office T.		CHANTVERET	State RJ	02860
Bustness Phone No	asin	5. State of Incorporation	n		6. SIC Code
401-723-		RHODE ISLA	ND	_ <del>-</del>	9290
Brief Description of the Charac TO CONDUCT THE	GENERAL PRACTIC	E OF OPTOMETRY			
3. NAMES AND ADDRESS	SES OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) FILL IN SPA		NG ATTACHMENTS
KENNETH A.			JONATHAN D	KAPLAN	
TEAST GEENWICK	n Dis.		Street Address 60 SCALBORN	184 RD	
FAST GREENWICH	State RI	21p 2818	cin combression	State PJ	2ip 02864
JONATHAN	D KAPLAN	)	Treasurer Name LENNETH A	KABLAN	
Siner Address			Street Address		
Mity	State	Zip	City	State	Zip
). NAMES AND ADDRESS	 SES OF THE DIREC	 TORS: <i>("X" BOX FOR</i> :	: ATTACHMENT) 📋 FILL IN S	I PACES BEFORE U	SING ATTACHMENTS
Director Name  AL LINE	THA KAP lote	)	Director Name  Ju Martin	KAPLITA	
Sinei Address			Street Address		
City	State	Zip	Cuy	State	Zip
Director Name	J	J	Director Name		
Street Address			Street Address		
	Ctuto	7/0	City	State	Zip

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

ISSUED SHARES

Number of Shares

6000

	* 6-6-2-1-8-*	
File Date	FILED	
Check No	JAN 05 2004	
Bv:	By 4-x45 GA	N
	FOR SECRETARY OF STATE USE ONLY	

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Class/Series

Par Value

AUTHORIZED SHARES

600 NO PAR VALUE

Number of Shares

Under penalty of perjury, I declare and affirm that I have ex	namined this report.
including any accompanying schedules and statements, and	that all statements
Continued herein are true and correct.	12/31/09
Signature of Officer	Date
JONATHAN D KAPLAN	
Print or Type Name of Officer	
VICE PERSIDENT	<del></del>
Title of Officer	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Class/Series

SHS

Par Value

Form 630 Rev. 12/03

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003



PROFIL CORPC Filing Period: January			OKI FOR THE T	EAR	PLEASE REA INSTRUCTIO
FORM MUST BE TYPED OR PRINTE . Corporate ID No. 66218	D IN BLACK)  2. Name of Corporation  "The Eyeglass S	itore, Inc."			
Street Address Principal Austress O 2 DEXTER S	The T		CHIPAWTUCKET	State RI	2102860
. Business Phone No. 401 723 - 9. . Brief Description of the Character of EVECAR	of Business Conducted in Rho	S. State of Incorporation RHODE ISLAND and Island			6. SIC Code <b>9290</b>
B. NAMES AND ADDRESS  Viesident Name  KENNETH A. KA  Vicet Address  2 NEWTER ST	es of the officei	RS (*X* BOX FOR ATTACHI	VICE President Name  JONATHAN  Street Addiess  L  Street Addiess		:NTS
City PAWTYCKET  Eccretagy Nague  KENNESH A- W  Irrect Address		zip <sub>0</sub> 2860	Treasurer Name Toward And D Street Address	_	zip 02860
Nty	State	Zip	City	State	Zip
D. NAMES AND ADDRESS Director, Name    CONNETH A   Continued Address		ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BE Director Storms ON A TEACH Street Address	FORE USING ATTACHN	MENTS
Tity	State	Zip	City	State	Zip
CARON 2 KAR Sincer Prices PINE 6UN	lan Da :		Director Name Street Address		
CASS Gramach	State	21002818	City	State	Zip
10. SHARES AUTHORIZED	) ("X" BOX FOR ATTACH		11. SHARES ISSUED ("X" BI	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			600	5HS	$\mathcal{O}$

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 6 6 2 1 8 *
File Date:	1-13.03
Check No.:	7532
Ву:	2
FOR SECRETAI	RY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I h	ave examined
this report, including any accompanying schedules and that all statements contained herein are true and corr	id statements, and
Jun 00 1/11	103
Signature of Other Days	
Pelini or the Name of Officer  Ville fires 10 ENT.	
Tule of Officer	Form 630 12/02

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 101-222-3040

#### 2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)

ILOKN	11021	ъc	111	E11	111	DI-W

1. Corporate ID No.

2. Name of Corporation

66218

"The Eyeglass Store, Inc."

3. Street Address Principal Business Office

2 DEXTER STREET

4. Business Phone No. 401-723-9540 5. State of Incorporation

**RHODE ISLAND** 

PAWTUCKET

9290

7. Brief Description of the Character of Business Conducted in Rhode Island

EYECARE, EYEGLASS SALES

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name

DR. KENNETH A. KAPLAN

186 PINE GLEN DRIVE

EAST. GREENWICH RI

De. KENNETH A. KAPLAN

GO SCARBOROUGH ROAD

COMBERLAND STUTE

CUMBERLAND RIT

JONATHAN D. KADIAN

DA JONATHAN D. KAPLAN

DR. JONATHAN D. KAPLAN

City

City

City

State

Zip

City

State

Zip

FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

DA. KENNETH A. KAPLAN

State

Zip

Director Name

Street Address

State

ZIP

Street Address

Director Name

City

City

State

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Zip

10. SHARES AUTHORIZED (\*x\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares **600 NO PAR VALUE**  Class/Series

ISSUITED SHARES Number of Shares

Class/Series

Par Value

600

0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee





1-4-02 File Date: .

FOR SECRETARY OF STATE USE ONLY



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

< 7.30

Form 630 12/01

Filing Period: January I-March 1 • Filing Fee: \$50.00

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 66218

2. Name of Corporation
"The Eyeglass Store, Inc."

3. Street Address Principal Business Office

City

State

4. Aus2iesDexter Street

5. State of Incorporation RHODE ISLAND

R. I.

02860 6 92 9d°

(401) 723-9540

Eyecare

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Dr. Kenneth A. Kaplan

7. Brief Description of the Character of Business Conducted in Rhode Island

Street Address

186 Pine Glen Drive

Dr. Jonathan D. Kaplan

Street Address

Street Address

Director Name

Street Address

Director Name

Street Address

City

Vice President Name

60 Scarborough Rd.

East Greenwich

Pawtucket

City

East Greenwich

R.I.

02818

Cumberland

R.I.

R.I.

02864

Treasurer Name

Secretary Name Street Address

State

Zip

City

State

Carol Z. Kaplan

186 Pine Glen Dr.

210

ZIp

Zip

02818

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

City

Dr. Kenneth A. Kaplan

Street Address

186 Pine Glen Dr.

02818

East Greenwich Director Name

Dr. Jonathan D. Kaplan

Street Address

60 Scarborough Rd.

600 SHS NO PAR VALUE

City

Zip

Cumberland

R. I.

R.I.

02864

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

**AUTHORIZED SHARES** 

Number of Shares

Class/Series

State

City

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

600

SHS

(0)

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:

Check No .:

JAN 12 2001

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and all statements contained Nerein are true and correct.

Signatur of Officer

<u>Jonathan D.</u> <u>Kaplan O.D</u>

Vice President Title of Officer

Form KID 12MM

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

	OP
PULASE, INSTRUC	HOZZ

Filing Period: January 1-March 1 • Filing Fee: \$50.00

F	ORM	MUST	BE	73	PED	W	BLACK	

1. Corporate ID No.

Number of Shares

600 SHS NO PAR VALUE

2. Name of Corporation

00210	"Ine cyegias	s store, inc.			
. Street Address Principal Business Of	fice		City	State	Zip
2 Dexter Street Business Phone No.		S. State of Incorporation	Pawtucket	RI	02860 6. SIC Code
(401)723-9540.  Brief Description of the Character of	Business Conducted in Rho	RHODE ISLAND de Island			9290
Eyecare  B. NAMES AND ADDRESSE  Tresident Name	S OF THE OFFICE	RS (*X* BOX FOR ATTACHN	MENT) FILL IN SPACES BEF	ORE USING ATTACHME	INTS
Dr. Kenneth A. K	aplan		Dr. Jonathan D	. Kaplan	
186 PineGlen Dr.	State	Zip	60 Scarborough	Rd. State	Zip
East Greenwich.	RI	02818	Cumberland Treasurer Name	RI	02864
Dr. Kenneth A. Kap	lan		Dr. Jonathan D. Street Address	Kaplan	
186 PineGlen Dr.	State	Zip	60 Scarborough	Rd. State	Ziρ
East Greenwich NAMES AND ADDRESSE	RI S OF THE DIRECT	02818 ORS ("X" BOX FOR ATTAC	· Cumberland  CHMENT) FILL IN SPACES B  Director Name	RI EFORE USING ATTACHI	02864 MENTS
Dr. Kenneth A. Kap	olan		Carol Z Kapl	an	
186 PineGlen Dr	State	Zip	186 PineGle	n Dr. State	Zip
East Greenwich	RI	. 02818	East Greenwich Director Name	RI	02818
Dr. Jonathan D. Ka	plan.		Street Address		
60 Scarborough Rd. Cumberland	sia KI	<sup>zip</sup> 02864	City	State	Zip
O. SHARES AUTHORIZED	(*X* BOX FOR ATTACHE	MENT)	11. SHARES ISSUED (*X* I	BOX FOR ATTACHMENT)	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Number of Shares

600

14	* 6 6 2 1 8 *
File Date:	1/24/00
Check No.:	2003
By:	Ci
	OF STATE USE ONLY

Class/Series

Par Value

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Scinatore of Officer

Jonathan D. Kaplan O.D.

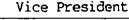
Print or Type Name of Officer

Class/Series

SHS

Par Value

0



Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

iling	Period:	January	1-March 1	•	Filing	Fce:	\$50.00	

STO	$\mathbb{R}^n$
PLEASE RI INSTRUCTI	EAIR
( Walker')	

.... .. .. .. ...

(FORM MUST BE TYPED IN BLACK	0				
1. Carporate ID No.	2. Name of Corp	poration			
6603.0	""The	Eyeglass Store,	Inc.""		
3. Street Address Principal Business Of	fice		City	State	Zip
2 Dexter Street			Pawtucket	RI	02860
4. Business Phone No.		5. State of Incorpora			6. SIC Code
(401)723-9540 7. Brief Description of the Character of	Business Conduct	Rhode Is ed in Rhode Island	sland		
Eye Care/Eyegla 8. NAMES AND ADDRESSE		FFICERS (*X* BOX FOR A			
President Name			Vice President Name	D. Vanlan	
Dr. Kenneth A.	Kaplan			nan D. Kaplan	
Street Address	_		Street Address	rough Boad	
186 Pine Glen D			60 Scarbor	State	Zlp
City	State	Zip	City		02864
EAst Greenwich Secretary Name	RI	02818	Cumberland Treasurer Name	RI	
Dr. Jonathan D. Street Address	Kaplan		Dr. Kenneth A. Street Address	Kaplan	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS  Director Name  Dr. Kenneth A.		TRECTORS (*x* BOX FO	R ATTACHMENT)  Director Name  Dr. Jonathar	n D. Kaplan	
Street Address	pzu		Street Address	-	
City	Stale	Zíp	City	State	Zip
Director Name			Director Name		
Mrs. Carol Z. H	Kaplan				
Street Address			Street Address		
186 Pine Glen [			<b>~</b>	Ctata	Zip
City	State	Zip	City	State	2.10
East Greenwich	RI	02818	A CHARGO ICCUED	feed now con ATTACHMENT	1
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR	ATTACHMENT)	MUDDAINS	(*X* BOX FOR ATTACHMENT)	•
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR	VALUE		600	SHS/NONE	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	9.
	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
012-00	that all statements contained herein are true and correct.
File Date: 4-10-7/	21, web 1/20 - al 199
14/27	Signature of Officer Date
Check No.:	
Ann	Printe Type Name of Officer
Ay:	
FOR SECRETARY OF STATE USE ONLY	Vice President
•	Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

401-277-3040

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM	MUST	BE	TYPED	IN	BLACK)
** *******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***	4 4 4 2.17		

I. Carporate ID No.

2. Name of Corporation

66218

"The Eyeglass Store, Inc."

3. Street	Addre	ss Pr	incipal	Bust	ness Offic	ce
		_	1.11	0	-/-	,

1 DEXTER STREET

S. State of incorporation

40172-39540

RHODE ISLAND

9290

7. Brief Description of the Character of Business Conducted in Rhode Island

OPTOMETRY / EVE CARE

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

DR. KENNETH A. KAPLAN

DR. JONDHAM D. KAPLAN

City

City

State

Vice President Name DR. JONDSHAN O. KAPLAN

60 8 SCARBOROUGH ROAD

Cirv

State

ZIp

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

DR.KENWETH A.KAPLAN

Director Name

Street Address

DR. JONATHAN DIKAPLAN

Zip

ZIp

Director Name

Street Address

City

State

2.10

City

State

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

ISSUED SHARES

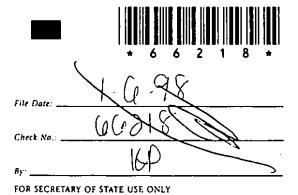
Class/Series

Par Value

Number of Shares

**600 SHS NO PAR VALUE** 

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

Office of the Secretary of State

STOP:	
INSTRUCTIONS REFORES COMPLETING	
THIS FORM	

• • •					
	RPORATIO		REPORT 199	7	STO PLEASE R INSTRUCT REFOR
FORM MUST BE TYPED IN	I RLACK)				THIS FO
Corporate ID No.	2. Name of Corporal				
66218		lass Store, Inc."			***-
Street Address Principal Bus			PAWTICKET	State	(1) XI.
2 DEXTER	<b>Σ'</b> .	f. Frata of Indonesiation	PATWINDLE	P~_JP	6. SIC Code
1. Business Phone No. リローフン	2-45UD	5. State of Incorporation RHODE ISLA	ND		9290
. Brief Description of the Cha	eracter of Business Conducted in				
	_	CERS ("X" BOX FOR ATTAC	HMENT)	•	
resident Name	1		Vice President Name	01/1	4
De lenne	TH A. KADIAN		1)a Jona	THAN U. KAPI.	AN
ineer Address 186 PINEGI City EA. GREENW	IEN DR.		Slieet Address 60 SLAR	ruan O. Kapl.	
EA. GREENW	ich State Pit	02818	Comis	State PI	210 02884
iccretary Name  DL CONTE	the A Kaplan		Treasure Name  DA JONA  Street Address	Thomas Olaplan	J
Sity	State	Zip	City	State	Zip
	PRESSES OF THE DIRE	ECTORS ("X" BOX FOR ATT			
Director Name	1 11/1/		Director Name	1/20/n-1	
OR KENNE	The A Kaplan		CAREL 2. Sueet Address PINE	14 pin po	
otreet Address			187. Brown of	Stal No.	
Tity	State	Zip	City	State	Zip
,	3.71	••••	CITY EAGRENUE	h PI	07818
Directgh Name		•	Director Name		
1/1 /wante	mal KAPIAN				
Street Address	70 10 P7 17 1		Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHO	RIZED AND ISSUED (	"X" BOX FOR ATTACHMENT)			
AUTHORIZZED SHARES			ISSUFED SHARES		
Number of Shares	Closs/Series	Par Value	Number of Shares	Class/Series	Par Value
GOU SHS NO PA	AR VALUE		100	SHS	0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 6 6 2 1 8 *
File Date:	1/2/99-
Check No.:	12011
By:	OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

#### **PROFIT CORPORATION ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

66218		FLENSE TITE ON F	RINT IN BLACK INK.		
	HAME OF CORPORATION			•	•
	""The E	yeglass Store,	Inc.""		
REET ADORESS PRINCIPAL BUSINESS OFFICE			Tan	STATE	₹ ŽIP COOE
2 Dexter St	reet		<pre>Pawtucket</pre>	RI	02860
NESS PHONE NO. 401-723-9540		5. STATE OF INCORPORATION	· · · · · · · · · · · · · · · · · · ·		5 SIC CODE
401-723-9340		RHODE ISI	_AND		1990
f descripti <mark>on of</mark> the churacter of busine			······································	<del></del>	
Eye Care/Eyeg	lass sales	;			
	B. NAM	ES AND ADDRI	ESSES OF THE O	FFICERS	
DENT NAME	Vanlan	·	VICE PRESIDENT HAME	- D - Marsian	
Dr. Kenneth A.	vahran	<del></del>	Dr. Jonatha:	n D. Kapian	
180 Pine Glen	Drive		60 Scarboro	ugh Road	
İs	TATE	Z₽ COO€	ary	STATE	1 ZIP CODE
ast Greenwich	RI	02818	Cumberland	RI	02864
Dr. Jonathan D.	Kanlan		THEASUMER HAVE  Dr. Kenneth	A Kanlan	
T ADDRESS	Rapian		STREET ADDRESS	A. Kapian	
	TATE	ŽIP COO€	OIY .	· \$TATE	ZIP COO€
<u></u>		.i	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
TOR NAME	9. NAM	ES AND ADDR	ESSES OF THE D	IRECTORS	- 40.000 %
Dr. Kenneth A.	Kaplan			an D. Kaplan	
ET ADORESS		· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS		
			·····	· · · · · · · · · · · · · · · · · · ·	
; s	TATE	ΣΙΡ <b>Ο</b> ΌΟΕ	CITY	STATE	ZIP CÔUE
TOR NAME		<u> </u>	ORECTOR NAME		
Mrs. Carol ♂. K	aplan				
ET ADORESS		<del></del>	STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
186 Pine Glen D					
•	TATE	1 ZIP 000E	dia	STATE	ZIP COOE
ast Greenwich_		, 03818.		ayanan iyeri yarası ili ilmin ede. M	<del>na njela prima na katala na</del>
Atl	1 U . S H ITHORIZED SHARES	ARES AUTHORI	ZED AND ISSUE	ISSUED SHARES	•
MUMBER OF SHARES	CLASS / SERIES	PAR VALUE	HUARBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS NO PAR	UBLUE		600	SHS NONE	NONE
000 ShS NO FAR	VALUE		<u> </u>	JID POOL	140140
				•	
		<del>, , </del>	<del>-                                    </del>	<del>,</del>	<del> </del>
				•	ì

For Secretary of State Use Only

File Date:

Check No:

Ву:

Signatule of Officer

Dt Jonathan D. Kanlan
Print or Type Name of Officer

Title of Officer

# State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1

Filing Fee \$50.00 Make Checks Payable to: Secretary of State

#### ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0056218 Corporate ID:	Annual R	teport for the year:
"The Eyeglass		
Name of Corporation:	e: I	pess Entity is (check one): Business Corporation (See RIGL Chapter 7-1.1) Professional Service Corporation (See RIGL Chapter 7-5.1)
Phone: () Address and telephone of the principal office of business entity in Island (Provide street address - Not P.O. Box):  2 DEXTER ST PAWTVCKET RET 02860		statement of the character of business conducted in Rhode Island:  OPTOMETRY   EYECARE
Phone: (401) 723-9540		
THE N.	AMES OF THE OFFI	
· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS SLEN OR	FAST GREENWICH, RI 02818
V.Cr. PREMIDENT	STREET ADDRESS	CITY/STATE ZIP CODE
DR. JONATHAND LAPCAN 60 SCAR	STREET ADDRESS	CUMBELLAMD, LT 02864 CITYSTATE ZIPCODE
DRIGARET A KAPLAN		
TREASURER	STREET ADDRESS	CITY/STATE ZIP CODE
DIL JONATHAND KAPUAN	MES OF THE DIREC	TODS ADE.
Maner	STREET ADDRESS	CITY/STATE ZIP CODE
DO SUMATION D KAPCHAP	STREET ADDRESS	CITY/STATE ZIP CODE
DE SUNATION D KAPCHA NAME DE VENNER A KAPCHA	STREET ADDRESS	CITISTATE //P CODE
	STREET ADDRESS	CTTY/STATE ZIE CODE
CANDLE KAPGAN 186 PI	INE GLEN PK	YAST GLEENING PI D2818
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBE	R OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares Class / Series	Number	of Shares Class / Series
4000 COMMON NOPARVARIO	600	O ROMAN
Date	By:	waln Keplin
Form 31 1/95	PRINT OR TO PENANTE OF TITLE OF OFFICER SIGNIN	V) i KAP (AA) OFFICIAL SIGNING EN
DESIGNATED REGIS	STERED AGENT FOR	R SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CHRISTOPHER LEFEBVRE 2 DEXTER STREET PAWTUCKET RI 02860 FILED

MAR 0 3 1995

By Ce Ch # 1002

ling Fec \$50.00 iyable to: acretary of State

#### PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations

Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

401	1-277-3040
Corporate ID:0066218	Annual Report for the year: 1994
Name of Business Entity:	"The Eyeglass Store, Inc."
Business entity organized under the laws of the State of:  Federal Taxpayer Identification Number:  For foreign entity, address and telephone number of principal office:	Business Entity is (check one):    Description   Security
Phone: ( )	DENTIFICATION UZEGO
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):	Brief statement of the character of business conducted in Rhode Island:
2 DEXTER ST.  PAUTUCKETIET 02860  Phone: ( 401) 723-9540	Date of Organization:  Date of Qualification to do business in Rhode Island (if foreign entity):
CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check One)  CHIEF OPERATING OFFICER OR (DAVICE PRESIDENT (Check One)  ST  CHIEF OPERATING OFFICER OR (DAVICE PRESIDENT (Check One))  ST  CHIEF OPERATING OFFICER OR (DAVICE PRESIDENT (Check One))  ST  CHIEF OPERATING OFFICER OR (DAVICE PRESIDENT (Check One))	OF THE OFFICERS ARE:  RESET ADDRESS  PINE GLEN DR.  CITYSTATE  CITYSTATE  ZIP CODE  TREST ADDRESS  CITYSTATE  ZIP CODE  TREST ADDRESS  CITYSTATE  ZIP CODE  TREST ADDRESS  CITYSTATE  ZIP CODE
CHIEF FINANCIAL OFFICER OR LARGE (Check Onc) ST	TRIEF ADDRESS CITY/STATE ZIP CODE
THE NAMES	OF THE DIRECTORS ARE: ZIP CODE TREET ADDRESS CHYSTATE
	STREET ADDRESS CHYSTATE ZIPCOD
CAPOL 2 KAPUAN 186	STREET ADDRESS  CHYSTATE  CHYSTATE  ZIP COD  STREET ADDRESS  NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER OF SHARES AUTHORIZED (If Applicable)  NUMBER DO CLASS	NUMBER OF SHARLS ISSUED 1994  NUMBER OF SHARLS ISSUED 1994  CLASS 2 Shares Outstanding
SERIES  PAR VALUE OR	PAR VALUE OR OF 2 STARES WITHOUT PAR
GVITHOUT PAR  1/24/94 .au	* town ( Kard

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

	$\sim$
$\mathcal{L}$	75
みぃ	<i>V</i> -

Corporate ID	055218	Annual Report for the year	
FIRST: The name	of the corporation is	<u></u> [ι	
THIRD: Character		IS HEDICAL EVE CARE AND	EYE GROSS
	n corporation, address of its	s principal office	
FIFTH: Business ac	ddress in Rhode Island	2 DEXTER STREET PAWTURKET PI 02880	
SIXTH: Names and	d addresses of its directors a		(Attach rider if necessary) reet, zip code)
	Director		
DR Kennoch AK	<b>\</b>		
DIZ JONATRANI	DKAPLAN Vice Pres	sident 282 charkan circus.	vankick PI
DR. JONATHAN	OKAPLAN Secretary	<i>!</i>	
Die Kennerta	KAPCIAN Treasure	r	
SEVENTH: Number	r of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
100		PAID	100%.
(		FEB 0 8 1993	•
EіGHTH: Number	of Shares issued:	SEC'Y OF STATE	Par Value or statement that
No of Shares	Class	Series	shares are without par value
i vo			100 To.
Dated 2/1/43	19 93	(Name of Porporation)  By JULY - Pres (DOT)	'c "
(Report must be	signed by an officer)	Title /12/2-1/resipat	